



Show What You Know and Earn College-Level Credit

Excelsior College Examination
Content Guide for
Maternity Nursing

Regents College Examinations are now

**EXCELSIOR
COLLEGE
EXAMINATIONS**

When You're Ready, We're Here For You.

888-72EXAMS (888-723-9267)

www.excelsior.edu

Use this guide if you are planning to test no later than September 30, 2001.

If you are planning to test on or after October 1, 2001, you should also obtain the revised version of this guide which will be available in late summer 2001. You may access the revised version online from our Web site or request a printed copy by contacting the College.

Online or on the Phone, When You're Ready, We're Here For You.

Now Register Online for Excelsior College Examinations!

■ Click on www.excelsior.edu to obtain a list of examinations, descriptions, and study resources or to register or schedule your exam online.

■ To register by phone or to obtain more information about Excelsior College Examinations, call toll free: **888-72EXAMS (888-723-9267)** or **518-464-8500** from outside the United States and Canada. TDD **518-464-8501**.

■ To schedule your test date at a Prometric Testing Center® (formerly Sylvan Technology Center) and/or to find Prometric Testing Center locations, access the Excelsior College Web site: www.excelsior.edu, or call the Prometric Registration Center toll free: **800-479-5606**.

Take advantage of helpful resources:

■ Free content guides are available for all Excelsior College Examinations. To obtain yours, call toll free: **888-72EXAMS (518-464-8500)** from outside the United States and Canada; or you may download the content guides from our Web site: www.excelsior.edu.

■ To purchase resources to help you prepare for Excelsior College Examinations, including the *Regents College Examinations Official Study Guide*, textbooks, software, Guided Learning Packages and more, contact the **Excelsior College Bookstore**.

■ The **Excelsior College Bookstore** is open 24 hours a day via fax, email and our Web site.

Fax toll free: **800-466-7132**.

(In Ohio or from outside the United States and Canada, please fax: **740-593-3045**.)

Email: order@specialty-books.com

Web site: www.excelsior.edu/bookstore.htm

You will find an order form available online.

Call the Excelsior College Bookstore toll free.

To place an order by phone, call toll free:

800-466-1365. We're available to take your order

Monday through Friday, from 8:30 AM until 8:00 PM,

and Saturday from 8:00 AM until 12 Noon Eastern time.

(In Ohio or from outside the United States and Canada, please call: **740-594-2274**.)

■ To find out how to request your official Excelsior College Examinations scores, call toll free: **888-72EXAMS**. From outside the United States and Canada, call: **518-464-8500**.

Apply Excelsior College Examinations to a respected Excelsior College degree.

Choose from 32 degree programs. Call toll free:

888-647-2388 (*At the prompt, press 2-7.*)

or email: admissions@excelsior.edu

or visit our Web site: www.excelsior.edu

Regents College Examinations are now

**EXCELSIOR
COLLEGE
EXAMINATIONS**

When You're Ready, We're Here For You.

Excelsior College • Test Administration • 7 Columbia Circle • Albany, NY 12203-5159
Toll free: **888-72EXAMS (888-723-9267)** • Fax: 518-464-8777 • email: testadmn@excelsior.edu

Important information to help you prepare for this Excelsior College Examination

General Description of the Examination

The Excelsior College Examination in Maternity Nursing measures knowledge and understanding of maternity nursing and care of the newborn. It is based on material usually taught in a course in maternity nursing at the associate degree level.

The examination requires you to possess knowledge and understanding of the theoretical framework related to each content area. The examination further requires you to apply this knowledge by using the nursing process (assessment, diagnosis, planning, implementation, and evaluation) to provide nursing care to the family during the childbearing cycle.

■ Uses for the Examination

Excelsior College, the test developer, recommends granting three (3) semester hours of lower-level undergraduate credit to students who receive a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education. Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score. Before taking the exam, you should check with the institution from which you wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit.

■ Examination Length and Scoring

The examination consists of approximately 80 four-option multiple-choice questions, some of which are unscored, pretest questions. You will have three (3) hours to complete the examination. Since you will not be able to tell which questions are being pretested, you should do your best on all of them. Scores are based on ability level as defined in the item response theory (IRT) method of exam development, rather than simply on your total number of correct answers. Your score will be reported as a letter grade.

■ Examination Administration

The examination is administered by computer at Prometric Testing Centers®* throughout the United States and in Canada, American Samoa, Guam, Puerto Rico, Saipan (Northern Mariana Islands), and the Virgin Islands. The examination is also administered at approved international testing centers. To receive information concerning testing dates, locations, and fees, contact Excelsior College.

■ Computer-Delivered Testing

If you are testing at a Prometric Testing Center®,* your exam will be delivered by computer. You will enter your answers on the computer using either the keyboard or the mouse.

The system used for our computer-delivered testing is designed to be as user-friendly as possible, even for those with little or no computer experience.

Instructions provided on-screen are similar to those you would receive in a paper examination booklet. In addition, before the timed portion of your examination begins, you may choose to complete a tutorial that orients you to the computer testing environment and gives you the opportunity to try each feature before using it in questions that will be scored. You will be instructed in how to use the mouse, the keyboard, and different parts of the screen. We encourage you to take advantage of this tutorial. If you have access to the Web, you can view the screens that you will see in the tutorial, or actually download a copy of a similar tutorial to practice with, from the Excelsior College Web site (www.excelsior.edu).

■ Warning About Third-Party Services

Excelsior College is a nonprofit educational service organization, and has no affiliation with, nor does it endorse or recommend, any profit-making education counseling centers. Initial counseling and advising for college degrees is usually provided FREE by degree-granting institutions. Students wishing to demonstrate college-level learning by taking Excelsior College Examinations can receive their FREE copies of the appropriate content guides by requesting them from Excelsior College.

*formerly Sylvan Technology Centers®

Learning Resources help you prepare

Once you've selected the exams that are right for you, Excelsior College offers a number of resources to help you prepare for the exams.

■ **The Excelsior College Bookstore** is accessible by phone and the Internet. This is where you will find the *Official Study Guide*, Guided Learning Packages, textbooks recommended for further study, and more.

The **Excelsior College Bookstore** stocks the current editions of recommended textbooks for *all* examinations. In some cases, current editions will be more recent than those listed in this content guide. The Bookstore also offers resources in areas such as study strategies, personal planning, and stress reduction.

Call the **Excelsior College Bookstore** for pricing and mail-order information. Once you've selected the resources you need, choose the most convenient way to order:

Call the Excelsior College Bookstore toll free:

We're available to take your order Monday through Friday, from 8:30 AM until 8:00 PM, and Saturday from 8:00 AM until 12:00 Noon Eastern time at **800-466-1365**. (Outside the United States and in Ohio, please call **740-594-2274**.)

Our Bookstore is open 24 hours a day via fax, email, and our Web site:

Fax toll free: **800-466-7132**

Outside the United States and in Ohio, please fax us at: **740-593-3045**

Email: **order@specialty-books.com**

Web site: **www.excelsior.edu** — a mail-in order form is available online

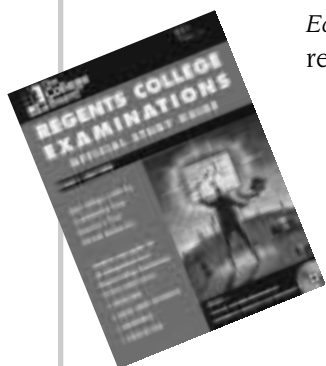
Be sure to allow sufficient time to obtain resources and to study before taking the examination.

■ **The Regents College Examinations Official Study Guide, 2001 Edition—Now the best resource for Excelsior College Examinations.**

Regents College Examinations are now called Excelsior College Examinations. The name change is just that. The examinations' titles and content remain the same, and this one-volume book continues to offer current, in-depth information for all undergraduate-level examinations in nursing, arts and sciences, education, and business administered through September 30, 2001. The updated *Excelsior College Examinations Official Study Guide – 2002 Edition* will be available in July 2001. This comprehensive guide is the best study resource for revised and new examinations administered beginning October 1, 2001.

Special features include:

- sample questions
- answer rationales for all multiple-choice exams
- study resources
- a CD-ROM containing sample Prometric® tutorials and Web resources



for Excelsior College Examinations

■ **Comprehensive Guided Learning Packages** provide thorough, integrated learning resources to assist you in preparing for many Excelsior College Examinations. These Guided Learning Packages contain textbook(s) and associated materials selected by faculty and distance learning specialists to help you learn content covered by the examination. Most of the Packages include a Course Guide that leads you through the study materials with questions, commentary, and examples correlated with each section of the content outline.

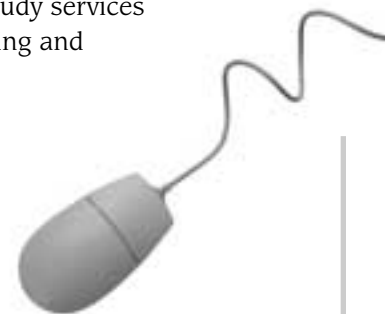
■ **Free Content Guides** like this one can be downloaded from our Web site at www.excelsior.edu. You can also request them by phone at **888-72EXAMS (888-723-9267)**.

Online Resources Available too!

■ **Electronic Peer Network (EPN)** is a Web-based environment that enables enrolled Excelsior College students to interact academically and socially. As an EPN member, you will be able to locate a study partner, chat in real time with other students, and access other resources that may help you study for Excelsior College Examinations. Enrolled students can join the EPN by visiting the Excelsior College home page at www.excelsior.edu and clicking on Electronic Peer Network or by connecting directly to the EPN homepage at GL.excelsior.edu.

■ **Online Study Services** provide students with an opportunity to obtain help from a subject matter expert and others studying the same subject. Online study services are currently available on a fee-for-service basis to assist you with writing and statistics. Please email requests for more information about these services to the appropriate address: write@excelsior.edu or stats@excelsior.edu or call **Learning Services** at **888-647-2388** (press 1-4-4 at the greeting). If you have suggestions for new online study services, please send an email to learn@excelsior.edu.

■ **The Excelsior College Virtual Library (ECVL)** is an online library designed for distance learners. The ECVL (www.library.excelsior.edu) provides access to a variety of resources such as journal articles, books, Web sites, databases, and reference services. These resources can help you prepare for Excelsior College Examinations. Some library services are restricted to enrolled students. To access the ECVL, visit the Excelsior College home page.



Content Outline

The major content areas on the examination and the percent of the examination devoted to each content area are listed below.

CONTENT AREA	PERCENT OF THE EXAMINATION
I. Antepartal Care	30%
II. Intrapartal Care	20%
III. Postpartal Care	30%
IV. The Newborn	20%
Total	100%

■ Note Concerning Wording of Nursing Diagnoses

The North American Nursing Diagnosis Association (NANDA) continually revises and updates its listing of diagnostic categories, defining characteristics, and etiological factors. For example, between 1989 and 1994 the term “potential for” was revised first to “high risk for” and then to “risk for.” Questions on the examination that include nursing diagnoses are not intended to test your knowledge of current wording or phrasing. The questions are intended to test your ability to recognize nursing diagnoses that result from nursing assessments. For the purposes of the examination, all diagnoses should be considered correctly worded, even if a newer version of the diagnostic wording is being used by NANDA.

I. Antepartal Care 30%

A. Theoretical framework

1. Anatomy and physiology (for example: lab values [Rh factor, alpha-fetoprotein, rubella titer, blood type], age of parents, placental growth and function, vital signs, common discomforts, signs and symptoms, body system changes, fetal growth patterns, engagement)

2. Common health problems (pathophysiology and clinical manifestations)

a. Acute health problems

1) Maternal

- (a) Third trimester bleeding
- (b) Ectopic pregnancy
- (c) Abortion
- (d) Hyperemesis gravidarum
- (e) Multiple births
- (f) Gestational diabetes

- (g) Preterm labor

- (h) Pregnancy-induced hypertension

- (i) Hydatidiform mole

2) Fetal

- (a) Intrauterine growth retardation

- (b) Malformation

- (c) Blood incompatibilities

- (d) Teratogenic/environmental effects

b. Chronic health problems

1) Diabetes

2) Cardiovascular disorders

3) Renal disorders

4) Infectious diseases (for example: STDs, AIDS, tuberculosis, pyelonephritis, TORCH infections)

5) Substance abuse

3. Factors influencing health care
 - a. Individual factors (for example: nutrition [adolescent, cultural preferences, effects on fetus], lifestyle, cultural patterns, adolescent pregnancy, educational level, smoking, parity, family history, obstetric history, occupation, environmental factors, language barriers, childbirth preparation, family participation in birth)
 - b. Safety (for example: educational deficits, bed rest, knowledge of warning signs, regular prenatal care, environmental factors, potential for child abuse, choice of appropriate birthing options, genetic counseling)
 - c. Psychosocial factors (for example: emotional changes, parent ages, accessibility of health care, childbirth preparation, cultural practices and myths, developmental tasks, support systems [family, spiritual, psychological, social], parenting behaviors, birthing options)

B. Nursing care

1. Assessment: establish a database
 - a. Gather objective and subjective data (for example: stress and nonstress tests, ultrasound, amniocentesis, urine analysis, biophysical profile, chorionic villi sampling, placental function testing, previous obstetric history, coexisting health problems, height and weight, fundal height, calculation of estimated date of birth using Nägele's rule)
 - b. Assess factors influencing the patient's health (for example: maternal and family history [genetic disorders], use of drugs and alcohol, nutritional status, prenatal care, medications being taken, educational level, financial constraints) (see IA3)
2. Diagnosis: identify the patient's actual or potential nursing diagnoses
 - a. Analyze and interpret data (see IB1)
 - b. Identify nursing diagnoses (for example: activity intolerance related to fatigue of late pregnancy; powerlessness related to limited resources; altered nutrition: high risk for more than body requirements related to imbalance between intake and available insulin; high risk for fetal injury related to presence of maternal high-risk behaviors or exposure to teratogens; altered comfort related to common discomforts of pregnancy; knowledge deficit: signs and symptoms of impending labor)
3. Planning: set priorities, identify patient-centered goals (expected outcomes) and select appropriate interventions
 - a. Set priorities and establish goals (for example: patient will establish a schedule of regular rest periods, patient will experience an increased sense of control, patient will understand and follow prescribed diet, patient will enter a smoking cessation program, patient will identify specific measures that provide relief from discomforts, patient will recognize and act upon signs and symptoms of labor)
 - b. Incorporate individual, safety, and psychosocial factors (for example: identify the patient's educational level, identify patient's level of motivation to stop smoking, identify dietary choices that are appropriate to cultural and individual preferences) (see IA3)
 - c. Select nursing interventions to help the patient meet goals (for example: instruct the patient about health needs during late pregnancy, provide opportunities for decision making to enhance self-esteem, emphasize the importance of strict dietary control and maintaining a daily intake record, provide information regarding the effects of teratogens, instruct the patient to wear a supportive bra, instruct the patient to increase carbohydrate intake upon arising, instruct the patient about the signs and symptoms of labor)

4. Implementation: use nursing interventions to achieve goals
 - a. Use nursing measures to promote normal growth and development (for example: encourage verbalization of feelings regarding the diagnosis of pregnancy, assist the adolescent patient in identifying realistic choices regarding the pregnancy)
 - b. Use nursing measures to promote safety (for example: palpate the patient's ankles to assess the degree of edema, instruct the patient about the hazards of changing a cat litter box, emphasize the use of home glucose monitoring devices, explain the need to use safer sex practices to minimize the transmission of infection)
 - c. Use nursing measures to promote oxygenation (for example: administer oxygen to the patient with abruptio placenta, encourage frequent rest periods as pregnancy progresses, emphasize the importance of continuing iron supplements throughout pregnancy, position the mother on the left side if signs of preterm labor occur)
 - d. Use nursing measures to promote nutrition (for example: encourage increased intake of iron and calcium, provide written information about prenatal diet, identify variations in dietary patterns)
 - e. Use nursing measures to prevent complications (for example: increase fluid intake to prevent urinary tract infections, encourage the patient to wear cotton underwear, emphasize the importance of regular exercise, teach the patient with gestational diabetes to recognize the signs and symptoms of hyper- and hypoglycemia)
 - f. Use nursing measures to relieve discomfort (for example: instruct the patient to increase intake of carbohydrates prior to arising to minimize nausea and vomiting, provide the patient with a supportive bra, encourage the patient with constipation to increase intake of fluid and fiber)
 - g. Use nursing measures specific to prescribed medications (for example: emphasize need to take prenatal vitamins throughout pregnancy, suggest that the patient take iron supplements with orange juice, monitor respiratory rate prior to the administration of magnesium sulfate, instruct the patient who is receiving a tocolytic agent to report palpitations and elevated pulse rate)
 - h. Provide information and instruction (for example: refer the patient to community resources [shelters, clinics, nutritional supplement programs, transportation]; provide information about childbirth classes; provide instructional materials related to the symptoms of preterm labor, hypertension, common discomforts, fetal growth and development, birthing options, anesthesia and analgesia)
5. Evaluation: determine the extent to which goals have been achieved
 - a. Evaluate, record, and report the patient's response to nursing interventions (for example: whether the patient continues to smoke during pregnancy, morning sickness interferes less with the patient's daily routine, patient's blood glucose level remains above normal, patient reports increased intake of foods rich in calcium and iron)
 - b. Modify the plan of care if necessary (for example: encourage the patient to identify stressors that lead to smoking, arrange for a consultation with a nutritionist)

II. Intrapartal Care 20%

A. Theoretical framework

1. Anatomy and physiology (for example: maternal and fetal monitoring, reaction of fetus to contractions, presentation, station, cervical changes, vital signs, laboratory values)
2. Common health problems (pathophysiology and clinical manifestations)
 - a. Acute health problems
 - 1) Failure to progress (for example: cephalopelvic disproportion, hypotonic labor patterns)
 - 2) Bleeding disorders (for example: abruptio placenta, placenta previa, disseminated intravascular coagulation)
 - 3) Malpresentation (for example: breech, transverse lie)
 - 4) Fetal distress (for example: prolapsed cord, cord compression)
 - 5) Multiple birth
 - 6) Induction and augmentation
 - 7) Operative delivery (for example: cesarean, forceps)
 - 8) Episiotomy
 - 9) Perineal lacerations
 - b. Chronic health problems
 - 1) Cardiovascular disorders
 - 2) Renal disorders
 - 3) Hypertension
 - 4) Substance abuse
3. Factors influencing health care
 - a. Individual factors (for example: parity, educational level, prenatal care, voiding status, preparation for labor, coping styles, cultural variations, choice of birthing option)

- b. Safety (for example: membrane status, pattern of prenatal care, use of medications during labor, maternal position, fetal heart rate pattern, emergency delivery)
- c. Psychosocial factors (for example: support systems [family, spiritual, psychological], participation in labor and delivery by significant other)

B. Nursing care

1. Assessment: establish a database
 - a. Gather objective and subjective data (for example: obstetric history; intake and output; frequency, duration, and intensity of contractions; fetal heart monitor; effacement and dilation; lab values [CBC, hemoglobin, blood type, hematocrit]; time of last meal)
 - b. Assess factors influencing the patient's health (for example: medications being taken, coexisting health problems, anesthesia and analgesia) (see IIA3)
2. Diagnosis: identify the patient's actual or potential nursing diagnoses
 - a. Analyze and interpret data (see IIB1)
 - b. Identify nursing diagnoses (for example: fear related to process of labor; fear related to unfamiliar environment; high risk for fluid volume deficit related to NPO status and nausea and vomiting; knowledge deficit: effect of regional anesthesia; altered tissue perfusion related to excessive blood loss)
3. Planning: set priorities, identify patient-centered goals (expected outcomes) and select appropriate interventions
 - a. Set priorities and establish goals (for example: patient will identify effective coping styles, patient's urinary output will be 30–50 cc/hour, patient will make appropriate decision related to anesthesia, patient will maintain adequate tissue perfusion as evidenced by blood pressure within normal parameters)

- b. Incorporate individual, safety, and psychosocial factors (for example: identify cultural variations in coping styles, educational level, language barriers) (see IIA3)
 - c. Select nursing interventions to help the patient meet goals (for example: demonstrate breathing patterns and distraction and relaxation techniques to relieve pain and manage stress, orient the patient to the environment and explain procedures, monitor intake and output, instruct the patient about the advantages and disadvantages of anesthesia, compare present blood pressure with the patient's baseline blood pressure)
4. Implementation: use nursing interventions to achieve goals
- a. Use nursing measures to promote the normal progression of labor (for example: position the patient to facilitate the effect of gravity, ambulate the patient prior to rupture of membranes)
 - b. Use nursing measures to promote safety (for example: maintain asepsis during procedures, change the patient's position hourly, teach effective breathing techniques, support the patient's extremities, recognize emergency situations and intervene accordingly)
 - c. Use nursing measures to promote oxygenation (for example: position the patient to facilitate tissue perfusion, provide oxygen via mask during the expulsion phase of labor, discontinue oxytocin infusion in the presence of tetanic contractions)
 - d. Use nursing measures to promote psychological equilibrium (for example: respect personal space, use touch as tolerated, encourage expression of feelings, offer self as appropriate, provide support for the patient's significant other)
 - e. Use nursing measures to prevent complications (for example: monitor vital signs frequently, monitor fetal heart rate, assess the amount and characteristics of drainage)
 - f. Use nursing measures to relieve discomfort (for example: encourage use of breathing techniques, massage bony prominences, use effleurage and massage as tolerated)
 - g. Use nursing measures specific to prescribed medications (for example: administer medications at the appropriate times, monitor blood pressure during epidural anesthesia, recognize the effects of medication on the fetus, have antidotes available for the patient receiving magnesium sulfate)
 - h. Provide information and instruction (for example: provide information regarding the progress of labor, reinforce the patient's use of correct breathing techniques)
5. Evaluation: determine the extent to which goals have been achieved
- a. Evaluate, record, and report the patient's response to nursing interventions (for example: patient's breathing techniques are effective in reducing pain, patient's blood pressure remains within normal limits, fetal heart rate shows long-term variability, urinary output remains above 30 cc/hour, presence of meconium-stained amniotic fluid)
 - b. Modify the plan of care if necessary (for example: administer analgesics as ordered to relieve pain, notify the physician)

III. Postpartal Care 30%

A. Theoretical framework

1. Anatomy and physiology (for example: involution, common discomforts, breast changes, vital signs, lab values)
2. Common health problems (pathophysiology and clinical manifestations)
 - a. Acute health problems
 - 1) Postpartum bleeding disorders
 - 2) Disseminated intravascular coagulation
 - 3) Pregnancy-induced hypertension
 - 4) Infection, inflammation, urinary retention
 - 5) Subinvolution
 - b. Chronic health problems
 - 1) Cardiovascular disorders
 - 2) Renal disorders
 - 3) Diabetes
 - 4) Substance abuse
3. Factors influencing health care
 - a. Individual factors (for example: nutrition, maternal age, educational level, cultural variations, family history, prolonged or difficult labor, premature infant, newborn with health problem, history of depression, neonatal death, coping skills, working mother, financial considerations)
 - b. Safety (for example: pain and fatigue, type of delivery, discharge instructions related to self-care, activity tolerance)
 - c. Psychosocial factors (for example: role change; parenting; sibling relationships; acceptance of pregnancy; visitation; emotional needs; bonding, family relationships; changes in marital relationships; taking in, taking hold, and letting go)

B. Nursing care

1. Assessment: establish a database
 - a. Gather objective and subjective data (for example: vital signs, elimination patterns, hydration status, lochia, fatigue, laboratory data, CBC, status of incision, presence of hemorrhoids, engorgement, afterbirth pains, episiotomy, Homans' sign, fundal height, attachment behaviors, facial expression, posture)
 - b. Assess factors influencing the patient's health (for example: presence of significant other, cultural variations, support systems) (see IIIA3)
2. Diagnosis: identify the patient's actual or potential nursing diagnoses
 - a. Analyze and interpret data (see IIIB1)
 - b. Identify nursing diagnoses (for example: social isolation related to adolescent pregnancy and rejection by peers and parents, altered bowel elimination, constipation related to intrapartum analgesia and hemorrhoids, high risk for injury related to prolonged bed rest during labor, high risk for altered parenting related to delayed parent-infant attachment, anxiety related to the unmet expectation of vaginal delivery)
3. Planning: set priorities, identify patient-centered goals (expected outcomes) and select interventions
 - a. Set priorities and establish goals (for example: patient will discuss ways to increase meaningful relationships, patient's normal elimination patterns will resume, patient will not develop postpartal complications, parents will bond with the newborn, parents will verbalize acceptance of the reality)
 - b. Incorporate individual, safety, and psychosocial factors (for example: cultural variations, type of delivery, family structure, role relationships) (see IIIA3)

- c. Select nursing interventions to help the patient meet goals (for example: assist the patient to identify possible support persons, increase the patient's intake of fluids and fiber and encourage activity, ambulate the patient as soon as possible following delivery, provide opportunities for the parents to see and hold the infant, provide opportunities for the patient to discuss the labor and delivery experience, assist the parent[s] to cope with loss)
4. Implementation: use nursing interventions to achieve goals
- a. Use nursing measures to promote normal growth and development (for example: reinforce parenting skills, provide information regarding postpartal emotional changes, reinforce the patient's attempts at feeding and infant care, encourage the parents to hold the infant as soon as possible following delivery)
 - b. Use nursing measures to promote safety and prevent complications (for example: apply cold packs to the perineum during the first 24 hours postdelivery, assist the patient who is getting out of bed for the first time, maintain medical asepsis during procedures, place a patient with a positive Homans' sign on bed rest, massage a patient's boggy fundus)
 - c. Use nursing measures to promote oxygenation (for example: provide frequent rest periods, determine amount of blood loss by assessing lochia, encourage the patient to perform incentive spirometry in the postoperative period)
 - d. Use nursing measures to promote nutrition (for example: encourage intake of fluids and high-fiber foods, instruct patient to continue prenatal vitamins, increase caloric and fluid intake for the patient who is breast-feeding)
 - e. Use nursing measures to promote healing (for example: apply heat to the perineum after the first 24 hours postdelivery, encourage the patient to allow sore nipples to air dry, demonstrate perineal care)
 - f. Use nursing measures to relieve physiological and psychological discomfort (for example: apply ice packs to the breasts of the mother who plans to bottle-feed her newborn to reduce engorgement, encourage the mother who is breast-feeding to nurse her newborn frequently, provide local anesthetic agents for perineal discomfort, encourage expression of feelings by parent[s])
 - g. Use nursing measures specific to prescribed medications (for example: assess blood pressure frequently when administering ergonovine maleate [Ergotrate], provide contraception instruction to the patient who is receiving bromocriptine mesylate [Parlodel])
 - h. Provide information and instruction (for example: regarding contraception, standard psychological and physiological changes, infant safety, self-care, infant care, breast- and bottle-feeding; referrals to community agencies for follow-up care)
5. Evaluation: determine the extent to which goals have been achieved
- a. Evaluate, record, and report the patient's response to nursing interventions (for example: patient exhibits a positive Homans' sign, parents admire their infant and call the child by name, mother makes disparaging remarks about the newborn and ignores the child's crying, firm fundus located 1 cm below the umbilicus on the first day postpartum)
 - b. Modify the plan of care if necessary (for example: elevate the affected leg and maintain bed rest, consult with social services for follow-up home care)

IV. The Newborn (0–1 month) 20%

A. Theoretical framework

1. Anatomy and physiology (for example: vital signs, skin color, reflexes, cry, elimination patterns, presence of mucus, laboratory and diagnostic data [PKU, bilirubin, Dextrostix, Coombs])
2. Common health problems (pathophysiology and clinical manifestations)
 - a. Acute health problems
 - 1) Birth injuries
 - 2) Necrotizing enterocolitis (NEC)
 - 3) Respiratory distress
 - 4) Thermoregulation
 - 5) Cleft lip
 - 6) Tracheoesophageal defects
 - 7) Meconium ileus
 - 8) Hypoglycemia
 - 9) Hemolytic disease
 - 10) Meconium aspiration
 - 11) Neural tube defects
 - b. Chronic health problems
 - 1) Clubfoot
 - 2) Drug dependence
 - 3) Venereal disease
 - 4) Fetal alcohol syndrome
 - 5) Effects of fetal hypoxia
3. Factors influencing health care
 - a. Individual factors (for example: nutrition [breast-fed, bottle-fed], GI/GU function, gestational age, maternal history [smoking, drinking, diet], anesthesia, family history, weight and length, head circumference, cultural variations)
 - b. Safety (for example: positioning, feeding, provision for warmth, identification procedures, Apgar scoring, eye care, administration of vitamin K)

- c. Psychosocial factors (for example: bonding, development of trust [Erikson])

B. Nursing care

1. Assessment: establish a database
 - a. Gather objective and subjective data (for example: vital signs, Apgar score, PKU, Dextrostix, bilirubin, reflexes, GI/GU function, elimination pattern, color, cry, cord bloods, activity level, Ortolani's sign)
 - b. Assess factors influencing the newborn's health (for example: temperature regulation, bonding, nutritional needs, maternal history, gestational age, cultural differences, interaction with significant others, parenting) (see IVA3)
2. Diagnosis: identify the patient's actual or potential nursing diagnoses
 - a. Analyze and interpret data (see IVB1)
 - b. Identify nursing diagnoses (for example: altered tissue perfusion, peripheral, related to environmental cold; ineffective breathing pattern related to immature respiratory center; altered growth and development related to musculoskeletal impairment; fluid volume deficit related to NPO status; altered comfort related to NPO status)
3. Planning: set priorities, identify patient-centered goals (expected outcomes) and select interventions
 - a. Set priorities and establish goals (for example: the newborn's axillary temperature will be 97–98° F, the newborn's respiratory rate will be within normal limits, the newborn will gain optimal use of the affected extremity, the newborn will maintain adequate hydration status, the newborn will suck and sleep at intervals)
 - b. Incorporate individual, safety, and psychosocial factors (for example: plan for heat in isolette, positioning to open airway, use of suction) (see IVA3)

- c. Select nursing interventions to help the patient meet goals (for example: dry the newborn immediately after birth and place in a warm environment, suction the airway as needed, immobilize the affected extremity, administer IV fluids as ordered and according to body weight, encourage use of pacifier, hold and stroke the newborn frequently)
4. Implementation: use nursing interventions to achieve goals
- a. Use nursing measures to promote normal growth and development (for example: encourage the parent[s] to hold and stroke the infant, instruct the parent[s] about newborn care, meet the newborn's needs immediately)
 - b. Use nursing measures to promote safety (for example: place a protective covering over the eyes of a newborn who is under bilirubin lights, do not leave the newborn unattended while out of the crib, position the newborn to facilitate drainage of secretions, assess the gag reflex prior to feeding, compare formula label to the physician's order prior to administration)
 - c. Use nursing measures to promote oxygenation (for example: use a bulb syringe to remove excess secretions, position the newborn to promote maximum ventilation, assess vital signs following the administration of oxygen at birth)
 - d. Use nursing measures to promote nutrition (for example: instruct the mother about breast- and bottle-feeding, provide adequate fluid intake for the breast-feeding mother, feed the newborn at frequent intervals)
 - e. Use nursing measures to promote thermoregulation (for example: wrap the newborn snugly, dry the newborn promptly after delivery, assess the axillary temperature, apply a head covering to the newborn after delivery)
 - f. Use nursing measures to provide psychological support (for example: give positive reinforcement to the mother's attempts at newborn care, provide the infant with a consistent caregiver, provide an opportunity for the parents to hold and comfort the infant after painful procedures)
 - g. Use nursing measures specific to prescribed medications (for example: administer IM phytonadione [Vitamin K] in the vastus lateralis, administer calculated dose based on infant's weight)
 - h. Provide information and instruction (for example: instruct the parents about newborn care, appropriate clothing, baby bath, car seat requirements, patterns of feeding and sleeping; discuss circumcision care and cord care with the parents; discuss cast care; discuss care of the suture line for the newborn with cleft lip repair)
5. Evaluation: determine the extent to which goals have been achieved
- a. Evaluate, record, and report the patient's response to nursing interventions (for example: newborn's axillary temperature remains below 97° F, newborn's bilirubin remains elevated, newborn passes meconium within 24 hours of delivery, newborn's Apgar score at one minute is 8, newborn sucks well after aspiration of mucus following delivery, blood glucose remains low)
 - b. Modify the plan of care if necessary (for example: double-wrap the newborn and place under warming lights, place the newborn under ultraviolet light and increase fluid intake, administer a 5–10% glucose formula orally)

Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answers can be found on the inside back cover of this guide.

1. The nurse instructs a patient who is in her 36th week of pregnancy about measures to relieve the discomfort caused by varicose veins. Which patient statement indicates that the patient understands these measures?
 - 1) "I avoid crossing my legs when sitting."
 - 2) "I practice pelvic rocking in the evenings."
 - 3) "I perform Kegel's exercise six times daily."
 - 4) "I massage my legs before bedtime."
2. The nurse is caring for a patient who is receiving magnesium sulfate intravenously for severe preeclampsia. Which evidence would be most indicative of an overdose of this medication?
 - 1) respirations of 10/min
 - 2) generalized tremors
 - 3) hot, dry skin
 - 4) excitability
3. Which information should the nurse provide to a patient who is having labor augmented by an oxytocin (Pitocin) infusion?

Expect the contractions to

 - 1) increase in frequency and decrease in duration.
 - 2) increase in frequency with little time for rest.
 - 3) increase in intensity, but decrease in frequency.
 - 4) increase in intensity and duration.
4. Which action should the nurse include when planning comfort measures for a patient who recently delivered and is experiencing afterpains?
 - 1) Maintain the fluid intake and massage the fundus.
 - 2) Provide a warm blanket and administer an analgesic medication as ordered.
 - 3) Reposition the patient frequently and take the vital signs q4h.
 - 4) Provide ice packs to the perineum and encourage early breast-feeding.
5. Approximately 12 hours following vaginal delivery of a 7 lb infant, the nurse notes that a patient's fundus is firm and located slightly above the umbilicus in the midline. How should the nurse interpret these data?
 - 1) Uterine atony is present.
 - 2) A boggy uterus is present.
 - 3) Normal involution is occurring.
 - 4) Subinvolution is occurring.
6. A patient who is breast-feeding her newborn complains that her breasts are tender and engorged. Which suggestion should the nurse make?
 - 1) Expose the nipples to the air for 30 minutes after nursing.
 - 2) Take the prescribed narcotic analgesic every four hours.
 - 3) Take a warm shower prior to nursing.
 - 4) Apply cold packs to the breasts after nursing.

7. A newborn is exhibiting excessive salivation, gastric distention, drooling, and slight cyanosis. Which problem should the nurse suspect?
- 1) cleft palate
 - 2) cystic fibrosis
 - 3) esophageal atresia
 - 4) pyloric stenosis
8. Which assessment data indicates that a four-week-old newborn is developing within normal limits?
- 1) The birth weight has doubled.
 - 2) The Moro reflex is no longer present.
 - 3) The head circumference has increased by 3 cm.
 - 4) The infant grasps a rattle placed in the hand.
9. The preoperative nursing care plan for a newborn with tracheoesophageal fistula should include which measure?
- 1) Suction the infant regularly, to remove excessive mucus.
 - 2) Provide the infant with a pacifier, to satisfy her sucking needs.
 - 3) Place the infant's head lower than her feet, to facilitate the drainage.
 - 4) Hold the infant upright while feeding her, to prevent aspiration.
10. The nurse assesses a newborn at one hour of age and collects the following data: weight 7 lb 4 oz; P 150, R 45, and T of 97° F axillary; and acrocyanosis. Based on these data, the nurse should take which action?
- 1) Remove the infant's clothing except the diaper and place him in a warming unit.
 - 2) Suction the mouth and nares of the infant and swaddle him in a light blanket.
 - 3) Place the newborn on his abdomen in an open crib.
 - 4) Bathe the newborn and place him in an open crib.

Learning Resources for this Exam

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. For information on ordering from the Excelsior College Bookstore, see p. 2. You may also find resource materials in the libraries of colleges, schools of nursing, medical schools, and hospitals. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

Recommended Resources

Bobak, I., Lowdermilk, D., & Jensen, M. (1995). *Maternity nursing* (4th ed.). St. Louis: Mosby.

Carpenito, L. (1997). *Nursing diagnosis: Application to clinical practice* (7th ed.). Philadelphia: J.B. Lippincott.

Ladewig, P., London, M., & Olds, S. (1998). *Maternal-newborn nursing care: The nurse, the family, and the community* (4th ed.). Menlo Park, CA: Addison Wesley.

Pillitteri, A. (1995). *Maternal and child health nursing* (2nd ed.). Philadelphia: J.B. Lippincott.

Order the resources you need today!

The Excelsior College Bookstore is available by
phone, fax, email, Web site, and mail.
See page 2 for ordering information.

Notes

Excelsior College Examination Development Committee in Maternity Nursing

Civita Allard, MS, RN (Russell Sage College, Nursing, 1985)
Associate Professor, Mohawk Valley Community College

Patricia Jablonski, MS, RN (Russell Sage College, Medical-Surgical Nursing, 1980)
Assistant Professor, Hudson Valley Community College

Ann Dylis Knauf, MS, RN (Russell Sage College, Parent-Child Nursing, 1986)
Assistant Professor, Maria College

Nancy Latterner, MA, RN, (New York University, Parent-Child Nursing, 1971)
Professor, Nassau Community College

Anne Tucker Rose, MS, RN (Russell Sage College, Maternal-Child Health, 1971)
Associate Professor, Hudson Valley Community College

Key To Sample Questions

Question	Key	Content Area ¹	Question	Key	Content Area ¹
1	1	IB5a	6	3	IIIB4f
2	1	IB5a	7	3	IVA2a
3	4	IIB4g	8	4	IVB1a
4	2	IIIB3c	9	1	IVB3c
5	3	IIIB2a	10	1	IVB4e

¹Content Area refers to the location of the question topic in the content outline.

**Ask your advisor how these Excelsior College Examinations
can move you closer to your degree goal.**

Examination	Credit Hrs.	Examination	Credit Hrs.
Arts and Sciences		Nursing: Associate Level	
Abnormal Psychology†	3*	Differences in Nursing Care: Area A (modified)①.	4
American Dream†	6*	Differences in Nursing Care: Area B①.	5
Anatomy & Physiology†	6	Differences in Nursing Care: Area C②.	5
English Composition†.	6	Fundamentals of Nursing**	8
Ethics: Theory & Practice†	3*	Maternal & Child Nursing (associate)**	6
Foundations of Gerontology	3*	Maternity Nursing**	3
History of Nazi Germany†.	3*	Nursing Concepts 1.	4
Life Span Developmental Psychology†	3	Nursing Concepts 2.	4
Microbiology†.	3	Nursing Concepts 3.	4
Organizational Behavior	3*	Occupational Strategies in Nursing②	3
Pathophysiology	3*		
Psychology of Adulthood & Aging	3*	Nursing: Baccalaureate Level	
Religions of the World†.	3*	Adult Nursing**	8*
Research Methods in Psychology†	3*	Health Restoration: Area I.	4*
Statistics†.	3	Health Restoration: Area II	4*
World Population†	3*	Health Support A: Health Promotion & Health Protection	4*
Business		Health Support B: Community Health Nursing.	4*
Business Policy & Strategy	3△	Maternal & Child Nursing (baccalaureate)**	8*
Ethics: Theory & Practice	3*	Professional Strategies in Nursing	4*
Human Resource Management.	3*	Psychiatric/Mental Health Nursing**	8*
Labor Relations.	3*	Research in Nursing†	3*
Organizational Behavior	3*		
Production/Operations Management.	3△		
Education			
Reading Instruction in the Elementary School	6*		

* Indicates upper-level college credit. **These examinations do not apply toward the Excelsior College Nursing Degrees.
† Guided Learning Packages are available for these exams. △ Indicates lower-level college credit for Business Program,
upper-level for Liberal Arts Program. ① Administered through Sept. 30, 2001. ② Administered through Sept. 30, 2002.

Now, registering to take any of these exams is easier than ever!

Regents College Examinations are now

**EXCELSIOR
COLLEGE
EXAMINATIONS**

When You're Ready, We're Here For You.

Register online at www.excelsior.edu or call toll free:

888-72EXAMS (888-723-9267)

Outside the U.S. and Canada, call **518-464-8500** or

email: testadm@excelsior.edu

*And when you're ready to test, you can schedule to
take your exam at the Prometric Testing Center®*

(formerly Sylvan Technology Centers®) of your
choice through our Web site: www.excelsior.edu

MN/MN
559
assess.0160
10/99
rev. 8/00, 3/01